

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 018563-006700US	
	First Inventor KUO, ERIC	
	Title	DENTAL APPLIANCE SEQUENCE ORDERING SYSTEM AND METHOD
	Express Mail Label No.	EV 346923282US


APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning design patent application contents.</small>	ADDRESS TO Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450
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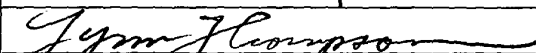
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification w/title page [Total Pages <u>18</u>] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets <u>7</u>] 5. Oath or Declaration [Total Pages <u>1</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper number of pages c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other:
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18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: ____ / ____
Prior application information: Examiner _____		Group Art Unit: _____	

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="text-align: center;">  20350 <small>PATENT TRADEMARK OFFICE</small> </div>		or <input type="checkbox"/> Correspondence address below	
Name _____			
Address _____			
City _____	State _____	Zip Code _____	
Country _____	Telephone _____	Fax _____	

Name (Print/Type)	Lynn M. Thompson	Registration No. (Attorney/Agent)	47,991
Signature		Date	July 1, 2003

PA 3315737 v1

21712 U.S. PTO
 10/612239
 07/01/03

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**FEE TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.


☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1458**Complete If Known**

Application Number	
Filing Date	herewith
First Named Inventor	KUO, ERIC
Examiner Name	
Art Unit	
Attorney Docket No.	018563-006700US AT-001222

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																														
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> MoneyOrder	<input type="checkbox"/> Other	<input type="checkbox"/> None																																														
<input checked="" type="checkbox"/> Deposit Account:					3. ADDITIONAL FEES																																													
Deposit Account Number: 20-1430																																																		
Deposit Account Name: Townsend and Townsend and Crew LLP																																																		
The Commissioner is authorized to: (check all that apply)																																																		
<input checked="" type="checkbox"/> Charge fee(s) indicated below																																																		
<input checked="" type="checkbox"/> Credit any overpayments																																																		
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																																		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																		
FEE CALCULATION																																																		
1. BASIC FILING FEE																																																		
<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>2001</td><td>750</td><td>375</td><td>Utility filing fee</td><td>750</td></tr> <tr><td>1002</td><td>2002</td><td>330</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>2003</td><td>520</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>2004</td><td>750</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)750</td></tr> </tbody> </table>					Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	750	375	Utility filing fee	750	1002	2002	330	165	Design filing fee		1003	2003	520	260	Plant filing fee		1004	2004	750	375	Reissue filing fee		1005	2005	160	80	Provisional filing fee		SUBTOTAL (1)					(\$)750				
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**or number previously paid, if greater; For Reissues, see above																																																		
					Other fee (specify) _____																																													
					*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)																																													

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Lynn M. Thompson	Registration No. (Attorney/Agent)	47,991	Telephone	650-326-2400
Signature				Date	July 1, 2003